Human Behavior Course
2004

Somatoform & Related Disorders

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HUMAN BEHAVIOR COURSE 2004
SOMATOFORM DISORDERS - SLIDES

LEARNING OBJECTIVES AND STUDY QUESTIONS FOR DISCUSSION.

1. **Know the meaning of the terms and concepts listed in slide one below.**
2. **Describe the distinction between illness and disease.**
3. **What is somatization? Is somatization a central feature of malingering? Of factitious disorder? Why or why not?**
4. **Name the different somatoform disorders and whether they are very common (point prevalence > 5%), common (1-5%) or uncommon (<1%) in the general population. What about malingering and factious disorder?**
5. **Know whether each somatoform is more common in men, more common in women, or occurs in a similar proportion of men and women. What about malingering and factitious disorder?**
6. **What are the diagnostic features of somatization disorder?**
7. **What are the diagnostic features of conversion disorder?**
8. **What are the diagnostic features of pain disorder? How does this disorder relate to conversion disorder?**
9. **What are the diagnostic features of hypochondriasis? What is the central difference between hypochondriasis and the above three somatoform disorders?**
10. **What are the diagnostic features of body dysmorphic disorder? Is this disorder more like hypochondriasis or more like somatization, conversion, and pain disorders? How so?**
11. **What are the diagnostic features of malingering?**
12. **What are the diagnostic features of factitious disorder? What differentiates malingering from factitious disorder?**
13. **What is "illness behavior"? How is it different from the "sick role"? How are these two things different from somatization?**
14. **Does somatization result only from somatoform disorders? If not, what other disorders is somatization a secondary phenomenon?**
15. **Describe what is known about the psychosocial pathogenesis of somatization and the various somatoform disorders plus malingering and factitious disorder.**
16. **Describe what is known about the neurobiological mechanisms of somatization and the various somatoform disorders plus malingering and factitious disorder.**
17. **What psychotherapies work best for somatoform disorders? Factitious disorder? Malingering? Name some of the techniques used and give an example of how each might be used to treat somatization.**
18. **What medications work best for somatoform disorders? Factitious disorder? Malingering?**

Slide 1

Somatoform Disorders – Terms & Concepts

- illness vs. disease
- complaints vs. pathology
- symptom vs. sign
- conscious
- unconscious
- feigning
- somatization disorder
- hysteria
- conversion disorder
- pain disorder
- hypochondriasis
- body dysmorphic disorder
- somatization
- subsyndromal somatization
- factitious disorder
- malingering
- illness behavior
- Munchausen's syndrome
- Munchausen's syndrome by proxy
- sick role
- abnormal illness behavior
- alexithymia
- somatic or somatosensory amplification
- amplifier or augmenter
- minimizer or reducer
- neuroticism
- harm avoidance
- selective attention or attention bias
- pseudoseizures
- "masked depression"
- primary gain
- secondary gain
- disability neurosis
- "psychological overlay"
- enabling (or enabler)
- illness belief
- illness model
- conversion symptom

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Slide 2

Idiopathic Physical Symptoms
Medicine's "Dirty Little Secret"

Specialty	Clinical Syndrome
Orthopedics	Low Back Pain Patellofemoral Syndrome
Gynecology	Chronic Pelvic Pain Premenstrual Syndrome
ENT	Idiopathic Tinnitus
Neurology	Idiopathic Dizziness Chronic Headache
Urology	Chronic Prostatitis Interstitial Cystitis Urethral Syndrome
Anesthesiology	Chronic Pain Syndromes
Cardiology	Atypical Chest Pain Idiopathic Syncope Mitral Valve Prolapse
Pulmonary	Hyperventilation Syndrome

Specialty	Clinical Syndrome
Endocrinology	Hypoglycemia
Dentistry	Temporomandibular Disorder
Rheumatology	Fibromyalgia Myofascial Syndrome Siliconosis
Internal Medicine	Chronic Fatigue Syndrome
Infect Disease	Chronic Lyme Chronic Epstein-Barr Virus Chronic Brucellosis Chronic Candidiasis
Gastroenterology	Irritable Bowel Syndrome Gastroesophogeal Reflux
Physical Medicine	Mild Closed Head Injury
Occ Medicine	Multiple Chemical Sensitivity Sick Building Syndrome
Military Medicine	Gulf War Syndrome
Psychiatry	Somatoform Disorders

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Somatization

- ★ Idiopathic symptoms common
- ★ Vexing to primary care clinicians
- ★ "Idiom of Distress" – The use of somatic language to communicate emotional distress
- ★ Stress & anxiety –
  - Butterflies in the stomach
  - Headaches before & after exams
  - "Chicken soup" (placebo) phenomenon
- ★ Associated with most mental disorders
- ★ Central in somatoform disorders

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Etiologies of Somatization

- ★ Physiologic concomitants of emotional arousal or withdrawal
- ★ Stigma of mental illness
- ★ Behavioral reinforcement
- ★ Insurance reimburses physical more than emotional disorders
- ★ Sick role
- ★ Desire for nurturance or cry for help

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Idiopathic Physical Symptoms

Populations & Primary Care

- About one-third of symptoms that primary care patients report are ultimately idiopathic
  (Kroenke et al, 1994; Kroenke & Price, 1993)
- Only 16% of patients ever receive an explanatory 'organic' diagnosis given no diagnosis following the initial medical visit
  (Kroenke & Mangelsdorff, 1989)

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Idiopathic (Somatoform) Symptoms in Primary Care

Number of Symptoms	Number of Patients	Psychiatric Disorder N (%) Anxiety	Mood	Any
Physical (N=1000)				
0-1	215	2 (1)	5 (2)	16 (7)
2-3	225	17 (7)	27 (12)	50 (22)
4-5	191	25 (13)	44 (23)	67 (35)
6-8	230	68 (30)	100 (44)	140 (61)
9+	130	68 (48)	84 (80)	113 (81)
Somatoform (N=900)				
0	654	68 (10)	107 (16)	102 (25)
1-2	143	42 (29)	60 (42)	74 (52)
3-5	87	35 (40)	40 (46)	77 (89)
6+	49	40 (55)	34 (68)	45 (94)

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Kroenke et al. Arch Fam Med 1994; 3:774

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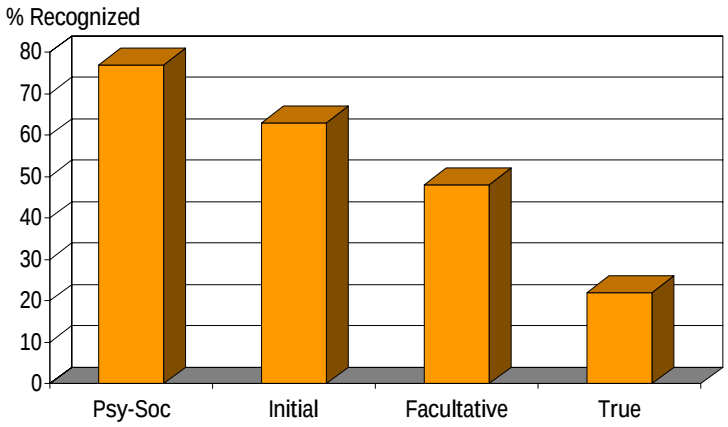
Somatization & Recognition of Depression in Primary Care



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From Symptom to Disability
Illness as Behavior

Perception → Belief → Response

- ★ Perception: result of physiologic process
- ★ Belief: determined largely by past experience
- ★ Response:
  - behavior
  - emotion
  - physiology

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Somatization
The Building Blocks

- ★Symptom perception
- ★Symptom-related beliefs or cognitions
- ★Symptom-related health care seeking
- ★Absence of a full medical explanation

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Somatoform Disorders

- ★ When somatization is the central characteristic of the disorder
- ★ Mimics medical conditions
- ★ Shared characteristics with –
  - Factitious Disorder
  - Malingering

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Component Prototypes

Perceptual problem

Somatization disorder

Cognitive problem

Hypochondriasis

Health care seeking

Factitious disorder

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Disease

- ★ an objective and measurable physiological disturbance
- ★ diagnosis corroborated with laboratory, objective physical, or radiographic findings

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Illness

- ★ Manifestations of suffering
- ★ Usually only inferred via patients' behavior
  - symptom reports
  - medication requests
  - impairments
- ★ Can think of illness as a behavior

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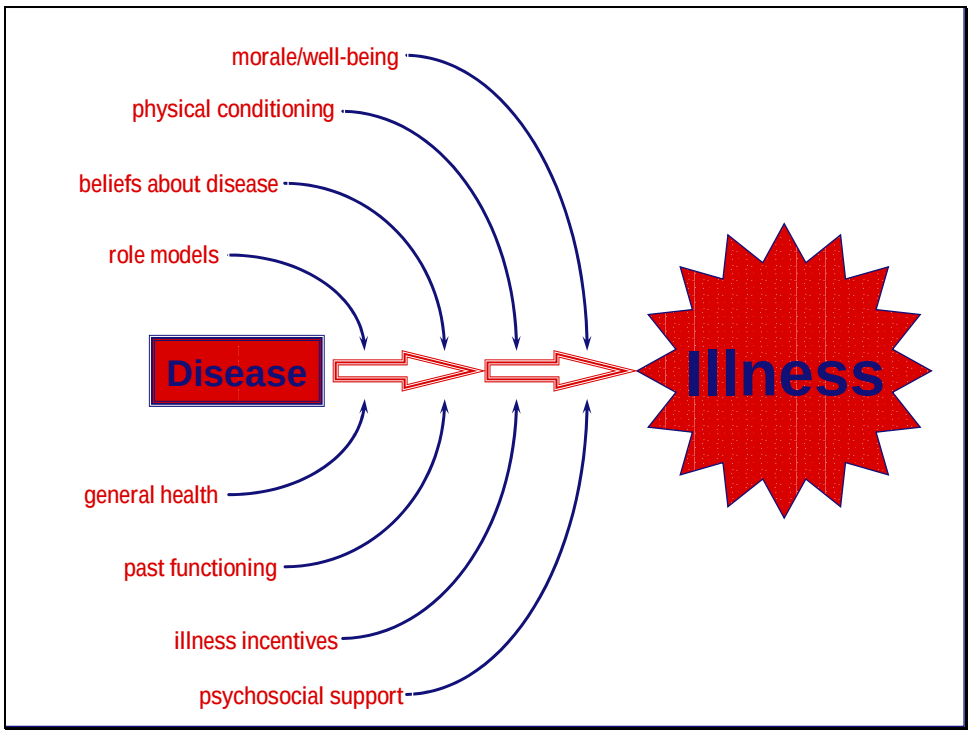

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Abnormal Illness Behavior

Some Examples

- ★ Maladaptive perceptions or actions in relation to one's health status
- ★ Noncompliance
- ★ Denial of illness
- ★ Chest pain believed to be indigestion
- ★ Allergy patients who smoke
- ★ Diagnoses popularized by the media

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Table 13–2. Pilowsky's Model of Abnormal Illness Behavior*

		Patient	
		Ill	*Not Ill*
Doctor	Ill	A	B
	Not ill	C	D

*Patient A demonstrates illness-affirming, normal illness behavior; patient B demonstrates illness-denying, abnormal illness behavior; patient C demonstrates illness-affirming, abnormal illness behavior; patient D demonstrates illness-denying, normal illness behavior.

Source: Adapted from a theoretical model presented in Pilowsky I: "A General Classification of Abnormal Illness Behaviors." *Br J Med Psychol* 51:131–137, 1978.

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Somatization Disorder
Symptom Criteria

A. A history of many physical complaints:
   (1) Beginning before age 30 years;
   (2) Occurring over a period of several years; and
   (3) That result in treatment seeking or functional impairment.

B. The following symptoms have occurred during the course:
   (1) four pain symptoms affecting at least four sites/functions.
   (2) two nonpain gastrointestinal symptoms.
   (3) one nonpain sexual or reproductive symptom.
   (4) one nonpain pseudoneurological symptom or deficit.

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Somatization Disorder
Medical Explanation Criteria

★ After appropriate investigation, none of thesymptoms above can be fully explained by known medical or substance-induced conditions;

OR

★ When there is a related condition, the physical complaints or resulting impairments are in excess of that expected from the available data.

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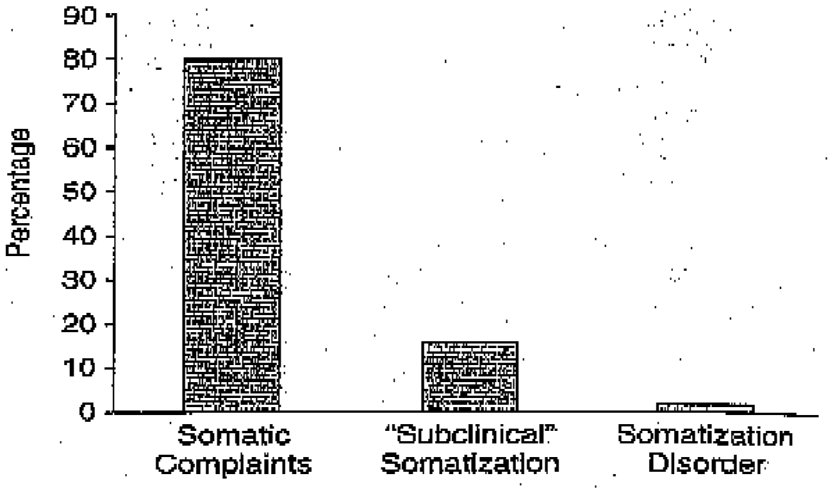

Figure 13–1. Prevalence of somatization in the general population.

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Table 13–3. Initiating and Sustaining Factors in Somatoform Disorders

Initiating Factors	*Additional Sustaining Factors*
Genetic factors	Unconscious gain
Neuropsychological and physiologic factors	Primary gain
Personality factors	Secondary gain
Alexythymia	Family and friends
Somatic amplification	The physician
Neuroticism	
Personality disorder	
Learned responses	
Comorbid depressive disorders	
Comorbid anxiety disorders	

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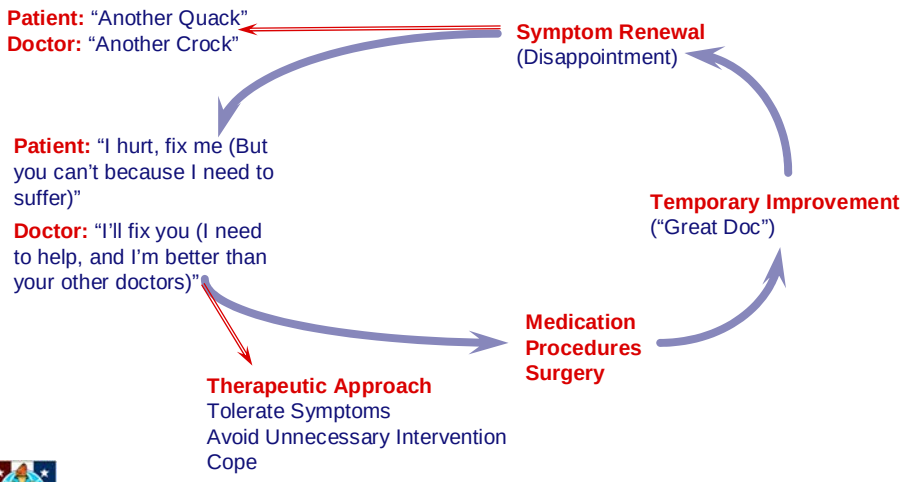
Relationships With Providers*



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* Sternbach, Adv Neurol, 4:423; 1974

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Undifferentiated Somatoform Disorder

A. One or more physical complaints.
B. Either:
   (1) After appropriate investigation, symptoms cannot be fully explained by known medical conditions or substances; OR
   (2) When there is a related condition, physical complaints or impairments are in excess of that expected from the data.
A. The duration of the disturbance is at least 6 months.
B. The symptom is not feigned or intentional.

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Iatrogenesis

"UK 'Skull-drillers'" *BBC News, April 11 2000*

"Two men who helped carry out a bizarre procedure in which a hole was drilled in a British woman's head have been spared jail. Trepanning is thought by some proponents of alternative medicine to improve mental capacity by relieving pressure on the brain and improving blood flow.

"Heather Perry, from Gloucester, traveled to Utah last February to undergo the procedure, aided by Peter Halvorson, 54, and William Lyons, 56. Both men pleaded guilty to practicing medicine without a license, and were fined and put on probation. Both were also ordered to undergo a mental health evaluation.

"Ms Perry, a chronic fatigue sufferer who has since returned to the UK, said she had experienced a "definite improvement" in her health since the procedure. However, court papers suggested she had suffered some side effects, such as the leakage of brain fluid.

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Iatrogenesis

"UK 'Skull-drillers'" *BBC News, April 11 2000*

Shown on television

"The 'operation' was filmed and broadcast on national US news. According to court documents, Ms Perry injected herself with local anesthetic, then used a scalpel, with Halvorsen holding a mirror, to make a cut. Halvorsen is then said to have used an instrument to spread the skin away from the skull, and Lyons drilled a hole.

"The British woman learned about trepanning after exchanging emails with Halvorsen, who has himself undergone the operation. She said at the time: 'I know what I've done sounds totally ridiculous and I can understand the reaction I've provoked... but I felt something radical needed to be done. I can't say the effects have been dramatic but they are there. I definitely feel better and there's definitely more mental clarity.'

"Halvorsen told the Salt Lake Tribune newspaper that the case had helped promote the cause of the surgery. He said: 'It's personally been helpful to me. It provided an impulse to me to find a way to do this legally. But I'm not glad I was charged.'"

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Conversion Disorder

A. One or more symptoms or deficits affecting voluntary motor or sensory function that suggest a neurological or other general medical condition.
B. Psychological factors are judged to be associated because the initiation/exacerbation of the symptom/deficit is preceded by conflicts/stressors.
C. Not intentionally produced or feigned.
D. Cannot be fully explained by a GMC or direct effect of a substance, or as a culturally sanctioned behavior or experience.
F. The symptom or deficit is not limited to pain/sexual dysfunction/Somatization Disorder.

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Pain Disorder

A. Predominant clinical focus is pain in one or more sites severe enough to warrant clinical attention.
B. Psychological factors judged to have an important role in the onset, severity, exacerbation, or maintenance of the pain.
C. Not intentionally produced or feigned.
D. The pain is not better accounted for by a Mood, Anxiety, or Psychotic Disorder and does not meet criteria for Dyspareunia.

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Pain Disorder, Subtypes

- ★ Pain disorder with psychological factors:
  psychological factors are judged to have the major role in the onset, severity, exacerbation, or maintenance of the pain. Acute (< 6 mo) versus Chronic (> 6 mo)
- ★ Pain disorder with psychological factors & GMC:
  - both psychological factors and a general medical condition are judged to have important roles in the onset, severity, exacerbation, or maintenance of the pain.
  - The associated general medical condition or anatomical site of the pain (see below) is coded on Axis III.

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Hypochondriasis

A. Preoccupation with fears of having, or the idea that one has, a serious disease based on the person's misinterpretation of bodily symptoms.

B. The preoccupation persists despite appropriate medical evaluation and reassurance.

C. The belief in Criterion A is not of delusional intensity and is not restricted to a circumscribed concern about appearance.

D. The duration of the disturbance is at least 6 months.

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Body Dysmorphic Disorder

A. Preoccupation with an imagined defect in appearance.

B. If a slight physical anomaly is present, the person's concern is markedly excessive.

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Malingering

- ★ Intentional production of false or grossly exaggerated physical or psychological symptoms motivated by external incentives.
- ★ Malingering should be strongly suspected if any combination of the following is noted:
  1) Medicolegal context
  2) Marked discrepancy between the person's claimed stress or disability and the objective findings.
  3) Lack of cooperation/compliance with diagnosis or treatment
  4) Presence of antisocial personality disorder

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Factitious Disorder, Criteria

A. Intentional production or feigning of physical or psychological signs or symptoms.
B. The motivation for the behavior is to assume the sick role.
C. External incentives for the behavior are absent.

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Factitious Disorder, Subtypes

★ With Predominantly Psychological Signs and Symptoms
★ With Predominantly Physical Signs and Symptoms
★ With Combined Psychological and Physical Signs and Symptoms

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Methods Used by Factitious Disorder Patients

- Inject self with insulin
- Inject self with feces to induce fever and infection
- Take steroids to become Cushingoid
- Take laxatives to induce severe diarrhea
- Traumatize the urinary tract to induce hematuria
- Traumatize the rectum to induce GI bleeding
- Take thyroid medication
- Swallow shards of glass to require surgery
- Inject air to create subcutaneous emphysema

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Factitious Disorder NOS

- Disorders with factitious symptoms that do not meet the criteria for Factitious Disorder.
- An example is factitious disorder by proxy: the intentional production or feigning of physical or psychological signs or symptoms in another person who is under the individual's care for the purpose of indirectly assuming the sick role.

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Variants of Factitious Disorder

- ★ Chronic Factitious Disorder -- Munchausen's Syndrome
- ★ Factitious Disorder by Proxy -- Acts to another person, e.g., a child
- ★ Factitious Disorder by Adult Proxy -- So that the caretaker receives sympathy and support

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Table 13–4. Distinctions between Illness-Affirming Abnormal Illness Behaviors

Disorder	*Behavior*	*Motivation*
Somatoform disorders	Unconscious	Unconscious
Malingering	Conscious	Conscious
Factitious disorder	Conscious	Unconscious

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Somatoform Disorder NOS

- ★ Disorders with somatoform symptoms that do not meet the criteria for any specific somatoform disorder.
- ★ Examples include . . .
  1. Pseudocyesis: a false belief of being pregnant that is associated with objective signs of pregnancy. The syndrome cannot be explained by a general medical condition that causes endocrine changes.
  2. Nonpsychotic hypochondriacal symptoms of less than 6 months duration.
  3. Unexplained physical complaints of less than 6 months in duration that are not due to another mental disorder.
  4. Mass sociogenic or psychogenic illness

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Summary
Somatoform & Related Disorders

- ★ Somatization Disorder ==> 8 symptoms, > 6 mos.
- ★ Undifferentiated Somatoform Disorder ==> 1+ symptom, > 6 mos.
- ★ Conversion Disorder ==> one unconscious symptom
- ★ Pain Disorder ==> pain is the 'conversion' symptom
- ★ Hypochondriasis ==> preoccupation with illness
- ★ Body Dysmorphic Disorder ==> preoccupation with appearance
- ★ Factitious Disorder ==> conscious acts, primary gain
- ★ Malingering ==> conscious acts, secondary gain

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General Management of Somatization & Somatoform Disorders

- curative emphasis is a formula for disappointment, mutual rejection, & iatrogenic complications
- visits scheduled on time-contingent (not 'as needed or PRN) basis every 4-6 weeks
- single primary care physician coordinating continuity of care
- validate symptoms -- don't try to talk patients out of them or push psychogenicity

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General Management of Somatization & Somatoform Disorders 2

- avoid CNS depressants & opioid agents
- somatoform disorders typically require multidisciplinary approach
- conservative use of invasive diagnostics or therapeutics
- acute somatization – look for precipitating stressors
- chronic somatization – cognitive & behavioral approaches are better than insight oriented approaches (patients reject the latter)

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